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Dr. Ingalls

MARGIN RESERVED FOR BINDING  
N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STANDARD CERTIFICATE OF DEATH Arizona State Board of Health  
BUREAU OF VITAL STATISTICS STATE FILE NO. 102

1. PLACE OF DEATH  
COUNTY Gila STATE ARIZONA REGISTERED NO. 113  
TOWNSHIP \_\_\_\_\_ OR VILLAGE \_\_\_\_\_  
CITY Globe NO. Ruiz Canyon ST. \_\_\_\_\_ OR \_\_\_\_\_ WARD \_\_\_\_\_  
(IF DEATH OCCURRED IN HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET AND NUMBER)

LENGTH OF RESIDENCE IN CITY OR TOWN WHERE DEATH OCCURRED 37 YRS. \_\_\_\_\_ MOS. \_\_\_\_\_ DS. HOW LONG IN U. S. IF OF FOREIGN BIRTH? 58 YRS. \_\_\_\_\_ MOS. \_\_\_\_\_ DS.  
2. FULL NAME Felipa Vasquez (de Mancha) HOW LONG IN STATE WHEN DEATH OCCURRED 58 YRS. \_\_\_\_\_ MOS. \_\_\_\_\_ DS.  
(A) RESIDENCE: NO. Ruiz Canyon ST. \_\_\_\_\_ WARD \_\_\_\_\_ (IF NON-RESIDENT GIVE CITY OR TOWN AND STATE)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Mex. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (WRITE THE WORD) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) ? ? 1861

7. AGE YEARS MONTHS DAYS IF LESS THAN 1 DAY, \_\_\_\_\_ HRS. OR \_\_\_\_\_ MIN. 74

8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. At Home

9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC. \_\_\_\_\_

10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR) \_\_\_\_\_ 11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Sonora Mexico

13. NAME Vasquez

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Mexico

15. MAIDEN NAME Lola Cariga

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Mexico

17. INFORMANT (ADDRESS) Deoniceo Ruiz Globe Arizona

18. BURIAL ~~CREMATION OR REMOVAL~~ Burial PLACE Globe Cemetery DATE Dec. 30 1935

19. EMBALMER LICENSE NO. 18-A SIGNATURE W. O. Jones  
FUNERAL DIRECTOR Lic. 10-A Fred H. Jones ADDRESS Globe Arizona

20. FILED Jan. 3 1936 Geoffrey Horn REGISTRAR

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 28 1935

22. I HEREBY CERTIFY THAT I ATTENDED DECEASED FROM Dec 28 1935 TO Dec 28 1935  
I LAST SAW HIM ALIVE ON Dec 28 1935; DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT 9:00 P.M.

THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS: DATE OF ONSET  
Pulmonary Tuberculosis 1933

OTHER CONTRIBUTORY CAUSES OF IMPORTANCE: Chronic hepatitis 12/20/35

NAME OF OPERATION None DATE OF \_\_\_\_\_  
WHAT TEST CONFIRMED DIAGNOSIS Examination WAS THERE AN AUTOPSY? No

23. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) FILL IN ALSO THE FOLLOWING: ACCIDENT, SUICIDE, OR HOMICIDE? \_\_\_\_\_ DATE OF INJURY \_\_\_\_\_ 19\_\_\_\_  
WHERE DID INJURY OCCUR? \_\_\_\_\_ (SPECIFY CITY OR TOWN, COUNTY AND STATE)  
SPECIFY WHETHER INJURY OCCURRED IN INDUSTRY, IN HOME, OR IN PUBLIC PLACE \_\_\_\_\_

MANNER OF INJURY \_\_\_\_\_  
NATURE OF INJURY \_\_\_\_\_

24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED? no  
IF SO, SPECIFY \_\_\_\_\_  
(SIGNED) Dr. Ingalls M. D.  
(ADDRESS) Globe Arizona